FBMC
Fringe Benefits Management Company
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Post-Tax Salary Deduction Authorization

Commonwealth Virginia Department of Accounts

This multiple use form can be used to authorize new insurance deductions, report changes to current deductions, certify existing deductions, authorize deductions of administration fees, and/or cancel insurance deductions.

Date: _____

Provider Company: _____

Provider Code: _____

Provider Phone# _____

Provider Office Use Only

Authorized by: _____

Phone Number: _____

Fax Number: _____

Policy Effective Date: _____

To the provider: Do not submit this form to FBMC until all underwriting requirements have been fulfilled.*

Section 1: Participant Information – All employees must complete this section in its entirety.

First Name	MI	Last Name	Social Security Number	
Home Address		City	State	Zip
Home Phone #	Work Phone #	Agency Code #		
Birth Date	Date of Hire	# Pay Periods	Annual Salary	Department

Section 2: Add Payroll Deductions – Complete this section to authorize payroll deductions.

Benefit	Policy Number	Monthly Deduction	Per Payroll Deduction	Employee Paid Fee	Effective Date
Indicate Sub-Totals					

I authorize the post-tax salary deductions to be deducted from my net pay each payday and forwarded to the Third Party Administrator for transfer to the above Vendor/ Company. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes as requested by the vendor in accordance with the terms and conditions of my policies. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification to the vendor subject to the terms of the cancellation clause on this form. ***

INITIALS _____

Section 3: Cancel Payroll Deductions – Complete this section to stop payroll deductions.

Important: You must notify the provider company in writing to cancel coverage.

Benefit	Policy Number	Monthly Deduction	Per Payroll Deduction	Employee Paid Fee	Effective Date
Indicate Sub-Totals					

I no longer desire to participate in the post-tax salary deduction program. Cancel all Supplemental Insurance Deductions effective _____ (pay-date). I acknowledge the terms of the cancellation clause apply. Payroll cut-off is eight work days prior to pay date.***

INITIALS _____

Section 4: Keep Payroll Deductions – If an employee has more than one policy with a provider and are adding or canceling a policy this section must be completed.

Example: Jane Smith is canceling her cancer policy but also has an existing cancer policy for her spouse and a disability policy, the disability and spouses cancer policy should be listed here to retain.

Benefit	Policy Number	Monthly Deduction	Per Payroll Deduction	Employee Paid Fee	Effective Date
Indicate Sub-Totals					

I certify that the deduction amounts were previously authorized and in effect as of_____ (date). The Post-tax salary deductions will continue to be deducted from my net pay each payday and forwarded to the Third Party Administrator for transfer to the above Vendors/Companies. I further acknowledge and authorize the deduction of the stated administration fees as payment for this service. I authorize deduction rate increases or changes As requested by the vendor in accordance with the terms and conditions of my policies. I acknowledge that any or all of the above deductions can be terminated at any time by my written notification, subject to the terms of the cancellation clause on this form. ***

INITIALS _____

Total Deduction Amounts $	**Total Fees $**

Participant Signature _____ Date _____

Provider Representative Signature _____ Date _____

*All underwriting requirements have been fulfilled. Deductions will not start until policies have been issued.
*** Cancellations and changes to Supplemental Insurance Deductions will normally be effective the Pay Period following the date on this form. Retroactive changes are not authorized. It is the responsibility of the employee to collect overpayment and/or remit additional amounts directly from/to the vendor